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E For Everyone: Strategic Plan

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Recommended Citation

Calcaterra, Lindsay; Fischer, Kaela; Flahaven, Kelley; Quarles, Megan Witherow; Stern, Maria; and Tilton, Christina, "E For Everyone: Strategic Plan" (2016). *Physical Therapy Administration*. 1.
https://dune.une.edu/pt_studadmin/1

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E For Everyone: Strategic Plan

Abstract

'E for Everyone' is an innovative and unique inclusion program that equalizes the playing field among all people with and without disabilities by creating opportunities to build synergistic relationships through teamwork, fun, and physical activity. Created during the Fall 2016 semester of the course Physical Therapy Administration, this strategic plan summarizes the program.

Keywords

exercise, sports, games, inclusion, physical therapy

Disciplines

Business | Physical Therapy

Comments

The implementation guide for this program can be found here:

http://dune.une.edu/pt_studadmin/2/

Faculty member Jeff Nevers taught this course and served as an advisor on this project.

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E for Everyone

Respectfully Submitted,

12/12/16

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Our Vision:

One day people of all ability levels will participate in physical activity and build social relationships.

Our Mission:

'E for Everyone' is an innovative and unique inclusion program that equalizes the playing field among all people with and without disabilities by creating opportunities to build synergistic relationships through teamwork, fun, and physical activity.

Our Values:

In the development of both the E for Everyone program and implementation guide we considered the principles that would best reflect the purpose of the program and the benefit that it can bring to participants of the program and school communities that enact it. We are confident that our values listed below will have positive effects on individual and societal levels. Our values consist of inclusion, physical activity, wellness and prevention, teamwork and cooperation, and positive self-concept. We believe these values will promote physical and social well being, and encourage wellness of our future generations by creating opportunities for inclusive participation in physical activities.

- **Inclusion** - Inclusion is about affording everyone the support systems they need. We hope to promote unity and interdependence, regardless of race, religion, or ability level. Our aim is to promote tolerance and acceptance in order to increase confidence and reduce social stigmas.
- **Physical Activity** - We believe that physical activity is important for all members of society, regardless of ability level. Physical activity improves physical and mental health, and can reduce the risk of developing several diseases. It has both immediate and long-term benefits, and can greatly increase a person's quality of life.
- **Wellness/Investment** - Wellness is the act of making choices that lead to a healthy lifestyle. We value wellness as it depicts the health of a person as a whole, including physical, mental, and social health, leading to a well-rounded, healthier, happier person. Participating in physical activities can help to develop healthy lifestyle habits to reduce the risk of developing obesity and related comorbidities which in turn will save healthcare dollars related to tests, prescriptions, and doctor's visits.
- **Teamwork/Cooperation** - We believe teamwork and cooperation is important as life requires a multitude of individuals to problem-solve. Learning to work with others and respect their points of view is a common social skill that is learned in childhood, and broadens our mental horizons. These skills also leads us to be more well-rounded, understanding, and respectful individuals.
- **Positive Self Concept:** Physical activity has a positive correlation with building social relationships, which in turn promotes increased positive self-image. By promoting inclusion and teamwork for children of all abilities we hope to help children attain and maintain a positive self concept.

Stakeholders and Partners:

The E for Everyone program is twofold in that it is a program for children and a manual to guide the implementation program in interested communities. Because of the versatility of this program there are three levels of stakeholders. The stakeholders described below are integral to the success of this proposed program.

Primary Stakeholder: Maine LEND

Leadership Education in Neurodevelopmental and Related Disabilities (LEND) is a program funded by Health Resources and Service Administration (HRSA) that provides interdisciplinary training to enhance clinical expertise and leadership skills of graduate level health care professionals dedicated to caring for children with neurodevelopmental and other related disabilities. University of New England has partnered with Maine Medical Center to create Maine's first LEND program. Three LEND trainees have assisted in the development of the 'E for Everyone' program. The goal is for the LEND trainees to perform a 4 week pilot of the inclusive physical activity program in Spring 2017 with the help of Maine LEND facility members.

Secondary Stakeholders: Children and Parents

This program is an opportunity for people with and without disabilities to learn about each other and develop understanding and respect, while attempting to promote healthy lifestyle habits. By making physical activities fun and engaging, meeting minimum physical activity guidelines will be more attainable.

Tertiary Stakeholders: School district, educators, and community partners

Studies have shown that physical activity increases school participation and concentration. Social inclusion between the students also translates to better grades, better relationships, and better understanding of different types of people. This program can help your students meet their minimum physical activity guidelines while also showing a benefit in their educational/personal experience that can translate to positive adult mindsets.

Our Executive Summary:

Societal Trends:

- National data shows that obesity rates are increasing, and social engagement among children is decreasing. This is noticed especially as budgets are cut and recreational sports are not as easily accessed by children of lower socioeconomic status. Current opportunities in Maine include limited adapted sport/facility opportunities, but they are not easily accessible to families outside the Portland area or who are of lower socioeconomic status. Additionally, there are no programs that allow for integration between children with neurodevelopmental disabilities and their typically developing peers. This means there is little opportunity for these children to become physically active or develop social skills necessary in typical development.

Program Concept:

- “E for Everyone” is an inclusive sports program that aims to integrate children in grades 4-8 with neurodevelopmental disabilities with their typically developing peers which can be easily adapted into a school. Current studies show that children with neurodevelopmental disabilities, and to a lesser extent typically developing children, are at increased risk of leading a more sedentary lifestyle. Sedentary habits can lead to increased risk of obesity and associated comorbidities (i.e.; diabetes). Providing a safe and adapted environment for these children can foster healthy habits for physical activity along with ways to successfully access/adapt those activities. These habits can have a big impact on adult life and saving healthcare dollars in the long run. This program also provides a platform to facilitate respect and understanding between these two populations. Studies have shown that middle school (Grades 4-8) is the time during child development in which social relationships form and children use these relationships to determine self identity. There is also evidence to suggest that increased social inclusion can manifest in better participation in school and translate to better grades.

Implementation Guide:

- Our implementation guide is a collaborative document that includes information essential for application in a school. The guide includes a road map of logistics, marketing strategies, financial strategies, and adaptation suggestions, to give the program its best chance at success.

Program Projection:

- Maine LEND (see Stakeholders and Partners for further description) is our signature stakeholder. Three Maine LEND trainees are dedicated to perform a 4 week pilot of the ‘E for Everyone’ program in Spring 2017 with the help of LEND and the University of New England’s faculty members. Our aim is to include 16 children, grades 4-8, with and without disabilities. The pilot will provide valuable feedback to make adjustments to the implementation guide and better implement the program in the future.

Our Value Proposition:

The “E for Everyone” program is an innovative and unique program that can provide multilevel benefits for the school and community, the participants, and the healthcare system as a whole.

Benefits for the school system and community

Schools cannot claim financial benefit from implementing this program. However, this program gives schools a positive name in the community as an entity that has the best interests of its students at heart. Most parents use the quality of the local school systems as a criteria for choosing their neighborhood when moving. This is a positive mark in favor of the school system, especially for parents of children with disabilities, and therefore drives up the value of the community itself.

Benefits for participants

There is a current gap in services and this program is designed specifically to fill a current gap in services, which serves to provide physical activity to people which can decrease the prevalence of obesity, depression, negative self-concept, self-esteem, and self-efficacy. This will provide many with a fun physical activity activity which will hopefully lead to healthy lifestyle habits that will carry through to adulthood. By creating opportunities for inclusive participation in physical activities, we are promoting physical and social well being that will hopefully carry over into adulthood. This will, in turn, decrease the amount of spending on healthcare, which will allow tax dollars to go toward other community needs.

Benefits for the healthcare system

Based on a 2008 study, a \$10 investment per person in a community-based program that includes physical activity and promotes healthy lifestyle habits could save Medicaid more than \$1.9 billion annually, which could translate into saving tax dollars. This investment can also lead to healthy lifestyle habits which will lead to decreased adult comorbidities which will save Medicare dollars in the long run. National data indicates the obesity rates are climbing. “E for Everyone” is a prevention program that can provide intervention before poor lifestyle habits can form.

Objective:

By implementing a fresh, new adaptive sports program for children of all levels of ability, we intend to further the field of physical therapy by increasing consultative services and promoting access to physical activity for all children. Our objectives below achieve this by supporting access to physical activity through an easy and innovative integration program run by physical therapists, which in turn saves health care dollars.

- **Objective One - *Adapted Access for All***
Support the access of physical activity for all children, regardless of physical or cognitive ability, by adapting activities to meet the abilities of the children who participate in our program.
- **Objective Two - *Integrated Physical Activity***
Create a novel physical activity program to integrate children with disabilities with typically developing peers for the benefit of all involved by facilitating respect, understanding, and teamwork.
- **Objective Three - *How To Handbook***
Create an implementation guide in the form of a written resource for schools and communities to implement an inclusive sports program.
- **Objective Four - *New Niche for Physical Therapy***
Create novel consultative opportunities for the physical therapy profession.
- **Objective Five - *Long Term Benefits***
Save healthcare dollars by promoting healthy lifestyle habits and reducing risk of developing obesity and comorbidities; this in turn reduces the need for tests, prescriptions, and visits to the physician.
- **Objective Six- *LEND Pilot***
Provide a foundation for an integrated sports program that the Maine LEND program can pilot in Spring 2017.

Strategy:

Ease of access and implementation, consultations with area experts, financial planning, marketing, and creating satisfying experiences are all essential to this program. The following outlines the strategy components that were implemented to develop an integrated adaptive sports program for kids:

- Create a program that can be implemented by a physical therapist in any school or community
 - Collected relevant information via survey of local pediatric physical therapists and interview with an education consultant
- Create an implementation guide describing the logistics of starting an adaptive sports program within a school.
 - Interview of school based therapist and former school administrator
- Network with local pediatric therapists and adaptive physical education teachers.
 - Attended meeting of local pediatric physical therapists
 - Presentation to local school system to discuss feasibility
- Develop adaptive strategies for children with neurodevelopmental disabilities to play sports alongside their typically developing peers.
 - Establish sport specific guidelines in the implementation guide
- Present the program to our stakeholders and after pilot, create a video to be marketed on social media.
- Establish a 4 week pilot program at a local school to determine viability of program and make adjustments accordingly.

Marketing:

Below is our marketing plan that includes our message, audience with demographic analysis, medium, position, and transaction:

Overview: Marketing is vital to the success of this program. Without marketing the implementation guide to our audience, the program cannot be developed in new school districts. Additionally, marketing the benefits of the program to children, parents, and their healthcare providers is important to garner participation in the program once implemented. Marketing is two-fold for this program. Firstly, the manual needs to be marketed to school districts. Secondly, the manual provides marketing suggestions for school districts attempting to recruit participants when they host this program.

Marketing Framework: Marketing is a system with many components. Below we have identified each component of our plan with accompanying rationale.

- Message: 'E for Everyone' is no longer just for video games. Participation in this inclusive sports program will improve physical fitness, social relationships, and

self-concept for children with and without disabilities. Participation in physical activity can prevent future health care expenditures by reducing secondary effects of inactivity. Age-appropriate physical activity can promote a sense of belonging for children with disabilities and teach life-skills such as teamwork. Hosting a program such as this would be a boon for participating school systems.

- Audience w/ demographic analysis:
 - Audience for implementation guide is school system staff, special education directors, principals, physical therapists, occupational therapists, and adaptive physical education teachers.
 - Audience for inclusive program is children in grades 4-8 with and without disabilities (including but not limited to neurological, orthopedic, congenital) and their parents.
- Medium:
 - We will create a media presentation to verbally explain the concept of the project and lead the audience members through the implementation guide.
 - The video presentation will be disseminated via social media and email, and will be presented at local pediatric physical therapy group meetings. Parent-teacher organizations and community health fairs also provide opportunities to communicate about this program to individuals who might be interested in advocating for it to be implemented in their community.
 - A letter of interest will be sent home with children to describe the program and encourage participation.
- Position: The E for Everyone Integrated Sports program is an innovative way to bridge the gap between children with disabilities and their typically developing peers, while providing children with increased opportunity to engage in physical activity. There currently are no programs in the Portland, ME area that provide this service to our target population. This concept is unique in that the implementation guide and video presentation allow it to be enacted in any school system. The logistics of running a program such as this are thoroughly detailed in the implementation guide so it can be applied to any school system, parks and recreation department, or community facility.
- Transaction:
 - The LEND program will utilize their partnership with local school systems to advertise to recruit children and implement this program.
 - Distribute information directly to school systems via school-based physical therapists, special education directors, principals, and adaptive physical educators. This is a low-cost method of marketing that can be achieved through a face-to-face meeting, phone call/video conversation, or written correspondence.
 - We are providing a manual that guides the implementation of an inclusive sports program. This involves a discussion about the benefits of the program and a review of the logistics required to implement in each facility. We will be a resource for the systems who implement this program.
 - Once a location has been decided to implement the program, participant referrals will come from pediatric PTs, adaptive PE teachers, and special educators.

Interested parties will be placed on a contact list to receive information about dates, times, and locations. Self-referrals will also be permitted and are encouraged. Marketing through local media outlets such as newspapers, radio, public access television, social media, and school newsletters will invite children within our demographic to participate. This will have some cost associated, but donations from local sponsors can be used to pay for this.

Financials:

Investing in community-based programs that promote the development of healthy lifestyle habits and general wellness will reduce the risk of children developing obesity and other associated comorbidities, which in turn will reduce the amount spent on physician visits, prescriptions, tests, and other associated healthcare costs even as adults. One statistic found states, “a 10 dollar investment per person in a community based program that includes physical activity and promotes healthy lifestyle habits could save Medicare more than 1.9 billion annually.” (Healthy People 2020)

Projected Budget

	For schools
Rent for space (including electricity, heat, etc)	<ul style="list-style-type: none"> - \$0.00 if endorsed by school - \$1,000.00 if renting outside space
Liability- if endorsed by school, program will fall under school liability and liability is often included in rent of outside space. <u>Questions to ask insurance company:</u> <ul style="list-style-type: none"> - Do volunteers need to have a certain level of training?/Are background checks necessary for volunteers? - Will liability change if the program is run as an after school activity or a weekend activity? - Does the policy have staff:child ratios? - Does the policy require additional medical services? - Does the policy have specific staff:child attendance caps? - Does the policy have specific waiver requirements? 	<ul style="list-style-type: none"> - \$0.00
Equipment	<ul style="list-style-type: none"> - Small basketball hoop: \$35.00 - Foam balls (Set of 7): \$42.00 - Inflatable balls: \$5.00

	<ul style="list-style-type: none"> - Tennis racket: \$15.00 - Tennis balls (36 balls): \$24.00 - Batting stand: \$22.00 - Bats: \$7.00 - Soccer nets (set of 2): \$25.00 <p><i>Prices from Walmart</i></p>
Adapted equipment (i.e.; bikes, wheelchairs, harnesses, crutches, etc)	<ul style="list-style-type: none"> - Wheelchair: \$25/day, \$55/weekend - Adapted Bike/Trike: \$25/day, \$55/weekend - Ice Sled and Sticks: \$25/day, \$75/week <p><i>Prices from Northeast Passage, Durham, NH</i></p>
Compensation for certified staff (PT, OT, Adapted PE, etc); not applicable if salaried	<p>Based on hourly rates:</p> <ul style="list-style-type: none"> - PT: \$34.00/hr - OT: \$24.00/hr - PE teacher: \$16.00/hr <p><i>Rates based on information from bls.gov</i></p>
Compensation for medical staff (i.e. nurse, AT, etc); not applicable if salaried <ul style="list-style-type: none"> - Medical staff should meet needs of levels of disability of participating children - State of Maine regulates that there must be present at all times a staff member who is currently certified in first aid and infant, child and adult Cardio Pulmonary Resuscitation (CPR) (See appendix) 	<p>Based on hourly rates:</p> <ul style="list-style-type: none"> - School Nurse (i.e.; RN): \$29.00/hr - Athletic Trainer: \$23.00/hr <p><i>Rates based on information from bls.gov</i></p>
Miscellaneous Equipment (i.e. cups, towels, water etc.)	<ul style="list-style-type: none"> - Cups: \$2.58 for 88 cups - Hand Towels: \$2 each - Water: \$0.88/gallon drinking water <p><i>Prices from Walmart.com</i></p>
*You can use outcome measures to assess the efficacy of your program	<ul style="list-style-type: none"> - PEM-CY: \$99 - Assessment of Life Habits: \$235 - Brockport Physical Fitness Test 2nd ed. With web resource: \$34.65 <p><i>Prices based on resource websites</i></p>

In order to offset costs, participating children can provide their own water, snacks, towels, and personal pieces of equipment. Parents, siblings, and individual support staff members may also assist with sport participation to decrease need for finding outside volunteers or staff that requires compensation. In addition, local pediatric therapy clinics may be willing to loan pediatric wheelchairs if needed to offset costs. Further, in place of the outcome measures noted above you may design your own survey to administer to participants, their families, and staff.

If implementing within a school, sports equipment may be readily available, negating the costs listed above.

Financial Models:

Finances are important to manage. Based on the socioeconomic area your school is in and the students it serves, it is important to pick the best financial model that will encourage the most participation from the students, while ensuring the program has the financial capability to run successfully. Below are two suggested models.

Model 1:

The first model is designed to shift the financial burden to the program itself. In this model, the program fundraises for itself and does not share this burden with its participants. Solicit donations from local businesses as sponsors to eliminate the need for charging participant fees to help open up this program to children of lower socioeconomic areas. In exchange, sponsors get positive publicity such as: banners around facility, logos on back of t-shirts, advertisement booklet, media releases by the program. You can also solicit local adaptive equipment vendors as sponsors for use of their equipment during the season. In return, they would receive publicity of their equipment and logo, as well as potential business from participating families who are interested in adaptive equipment they have tried through this program.

Model 2:

This model shares the financial burden with its student by imposing a participation fee. This fee can help to offset the costs of renting adaptive equipment, space, etc. It is possible to have this fee on the same sliding scale used for reduced lunches and other financial reliefs in order to encourage maximum participation from the students. A reduced rate can be utilized as incentive for signing up for multiple seasons thereby increasing the likelihood of developing good physical activity habits that will continue later in life.

Potential Sources for Fundraising:

Fundraising can help to offset the costs this program incurs. A sample letter to sponsors can be found in the appendix: one on behalf of the program, and one on the behalf of the student.

Below is a list of potential sponsors:

- Local banks
- Local supermarkets
- Local stores, cafes, restaurants
- Elk's club
- Kiwanis club
- Local lions club
- Local grants
- Local Masonic lodges
- Any many more....

SWOT Analysis:

We have completed a SWOT analysis and come to the following conclusions:

- **Strengths:** The need for local physical exercise programs for children with neurodevelopmental disabilities was confirmed with pediatric physical therapists in the Portland/Seacoast area; this group was supportive about the creation of a program such as this. We have a dedicated team of individuals who want to elicit change in the community by promoting an integrated sports program for all children to provide improvements in physical and social-emotional wellbeing. This program is novel and innovative, with an easy to use implementation guide for schools, complete with marketing and budgeting strategies, as well as suggested adaptations for a variety of sports.
- **Weaknesses:** There is a lack of time and funds to implement the program at this time. This is a new program with no validity as to success in a community yet. Personnel or a board may be required to determine which children receive donor sponsorship or reduced fee for participation. Liability on the part of participating schools may be a challenge; additionally, there may not be a financial benefit for schools to participate.
- **Opportunities:** In the future, we can merge our wellness program with an interested outpatient physical therapy clinic or Special Olympics. There is an opportunity for interprofessional collaboration via UNE service learning projects or DPT pediatric classes. LEND can continue to manage this program. An alternative to this program would be to adapt the manual for a facility such as a YMCA or Boys' and Girls' Club.
- **Threats:** There is a chance that children will not participate in the program due to disinterest, lack of funds and /or transportation. Securing a facility or having enough staff to host the program may be challenging. Other programs that have slightly different models (Unified Sports, Special Olympics, Unified Sports USM) exist in the Portland area, and 'E for Everyone' may not be a different enough program to draw interest or buy-in from the community.

Goals:

Several goals were written for this program which we intend to use to assess our plan, measure our success, and to define our priorities and accomplishments. Marketing is a key component to the success of this program, and receiving approval to pilot this program in a school system will determine if these strategies have been successful. The number of participants we recruit will allow us to further assess these strategies. Using validated outcome measures such as the PEM-CY and Assessment of Life Habits will determine if we have been able to positively affect children's sense of well-being and socialization. We believe a media presentation would disseminate our proposed program in a convenient manner, which would assist in reaching a wider audience. Similarly, a pilot will help further this program and lead to greater development of the program. Meeting our goals is critical to achieving our vision, and will serve as a marker for the success of the program overall.

1. By use of our marketing strategies, recruit 10 participants of varying levels of ability to participate in program within 2 weeks.
2. Receive permission to pilot program in one school system after presenting strategies to stakeholder meeting.
3. Within 3 years, expand program to 4 schools throughout state of Maine.
4. Report of positive outcomes from 75% of participants after participation in one session as measured by PEM-CY or Assessment of Life Habits.
5. Develop media presentation via podcast or webinar to be presented to stakeholders by beginning of December in order to promote the implementation of this plan.
6. Maine LEND will perform a 4 week pilot Spring 2017, including 16 children with and without disabilities.

Programs:

Below is a summary for the 'E for Everyone' program:

We are developing a 12-week program for middle school children with disabilities to play sports alongside their typically developing peers. The sports will be adapted for all levels of ability, with stations for learning different skills. This program is being structured so as to be implementable at any school that wishes to utilize it. To ensure maximum viability, a thorough review of research and business logistics has been completed, along with suggestions of adaptations for select sports. A compilation of the data required to execute such a program has been put into an implementation guide, which is to be distributed among the stakeholders listed above. In addition to the implementation guide, a media presentation has been created which outlines the project idea and encourages stakeholders to effectuate the program in their own community.

A pilot program will be implemented for 4-weeks in a local school system and will be held after school for an hour per week. Success of the pilot program will be measured with objective measures that will be given to participants and parents prior to and following implementation of the program. Below is the curriculum including adaptations and assessment tools that will be implemented during the pilot program.

Adaptive Basketball:

- Week 1- Passing skills: chest pass, bounce pass, overhead pass
- Week 2- Ball handling, dribbling, and shooting skills
- Week 3- Defensive techniques: man on man defense, zone defense, and rebounding
- Week 4- Offensive strategies
- Each week will conclude with a wrap up game that incorporates the new skills learned that week.

Weekly Plan:

- 5 minute- warm up and stretch
- 35 minute- skills with rest breaks as needed
- 15 minute wrap up game
- 5 minute cool down

Possible Basketball Adaptations:

- Larger hoops
- Lower hoops
- Multiple hoops
- Various sized basketballs
- Lighter weight basketballs
- Bright colored equipment
- Bright colored boundary lines
- Allow traveling
- Allow 2 handed dribbling

- No or increased time limits
- Lights instead of whistle
- Partners
- Written outline of the events for the day

Outcome Measures:

- Participation and Environment Measure for Children and Youth
- Assessment of Life Habits
- Brockport Physical Fitness Test

PESTLE Analysis:

We have reviewed the PESTLE analysis and have come to the below conclusion:

- **Politics:** In accordance with Healthy People 2020, this project aims to increase physical activity among children with neurodevelopmental disabilities as well as typically developing children with an overall goal to reduce the risk of obesity and associated comorbidities in adulthood.
- **Economic:** Promotion of healthy lifestyle habits such as physical activity reduces the risk of obesity and associated comorbidities as an adult, and therefore reduces the cost to Medicare and Medicaid via decreased test, prescriptions, and doctor's visits.
- **Social:** By leveling the playing field between children with neurodevelopmental disabilities and their typically developing peers, this program will foster respect, empathy, inclusion, and understanding that will carryover into their adult lives.
- **Technological:** Use of social media can help the spread this program to other schools and impact a larger area; eventually making this a national program.
- **Legal:** Some of this program's goals and objectives are aimed at social inclusion, understanding, and respect, which will translate into the schools, which are directly in line with federal legislature (IDEA, ADA).
- **Environmental:** Fostering social inclusion, respect, and understanding between children with neurodevelopmental disabilities and their typically developing peers in a safe place will lead to and increased social inclusion during school hours and hopefully will continue into their adult lives.

Consumer Outreach, Analysis and Limitations:

A positive participant experience and high quality programming are crucial to the success of the E for Everyone program. Our consumers include children and their parents, the school system, and staff. We intend to reach these consumers through our marketing, as noted previously. While programs like this come with many logistical and clinical barriers, the E for Everyone program in conjunction with our Implementation Guide are designed to make this program as easy and adaptable as possible to any situation. Analyzing the satisfaction, experience, and clinical barriers is required to understand the complexity of the program.

Satisfaction: We expect that the stakeholders who implement this inclusive sports program in their school systems will be satisfied with the program and find that it was easy to apply to their area and population. We expect that they will see it as a worthwhile endeavor that benefitted the participants and school community as a whole. We expect that the children participating will be satisfied with their experience and will find that it was successful in encouraging teamwork, understanding, and lifelong participation in physical activity. We expect that parents of participants will find their child's participation to have been gainful.

Experience: We expect that a meeting would occur with school administrators, participating physical therapists, and children to discuss the implementation process and their experiences. We hope to hear the implementation guide was clear and easy to use, with little left unexplained. We also hope to hear the sports are being adapted to the needs of each participant, but expect to make adjustments as the program continues on.

Clinical Barriers: This program requires the presence of physical therapists to ensure safe participation of all children, including making relevant and essential adaptations to sport activities, and ensuring the optimal health of participants. By making such adaptations, this will allow the involved children to achieve higher rates of successful participation within the constructs created.

Alignment with Trends, Disruption:

The E for Everyone inclusive sports program aligns with the current and upcoming direction of healthcare, as our aim is to promote health while preventing new health conditions and limiting the progression of pre-existing conditions. We also strive to collaborate with other healthcare workers and school systems in order to promote healthier lifestyles and improve the public's outlook toward health.

Prevention: Our program aligns with the future of healthcare delivery in that it focuses on prevention of new conditions and progression of pre-existing conditions. Implementation of this program can facilitate the prevention of conditions that are associated with low levels of physical activity as well as the prevention of secondary conditions that are associated with disabilities; preventative measures can reduce risk factors for conditions that can become costly later.

Collaboration: As a whole, healthcare is moving to a more interprofessional, collaborative model. By working with schools and their faculty, as well as with physical therapists and other healthcare workers we are utilizing the expertise of a variety of professionals to ensure a high value, low cost program. This will ensure our participants and their families receive a high quality experience while improving their social and emotional health. By including physical therapists and physical therapy students in this project, we hope to advocate for our profession by demonstrating our knowledge and cementing our place in the future of healthcare.

Recommendations for Continuance:

We recommend this program continue on in the future. We believe there is ample room for growth and opportunities to expand by increasing locations in which to implement, encouraging interprofessional participation, and introducing new sports or activities.

- **Faster:** Sustainability of this program lends itself to a seamless implementation process with return of participants and availability to equipment already at the facility
- **Better:** Alternate locations to recruit participants from a wider region if not associated with a specific school district. Expand the sports offered to increase variety. Offer a better ratio of volunteers to participants. Make programs interprofessional with collaboration of physician assistants, social work, occupational therapy, athletic training, and education majors. These can be achieved by utilizing parent and child surveys for ideas on how to improve implementation and activities.
- **Cheaper:** We could reduce costs by utilizing a venue that is provided for free or lower cost. Perhaps a sponsor will donate a facility to house the program if it is not associated with a school district. We can seek out more fundraising options/partners so participants do not have to pay as much. After piloting the program other communities may be inclined to participate due to word-of-mouth recommendations and positive publicity. With sustainability and validity, we can reduce advertising costs and market to include other community partners for equipment, finances, or venue.

Conclusion:

The 'E for Everyone' inclusive sports program can be easily enacted in any school system through the use of our implementation guide. This program is beneficial both physically and emotionally for children of all ability levels. Physical activity is a preventative measure for the development of health conditions in typically developing children and secondary health conditions in children with neurodevelopmental disabilities. The logistical details outlined in the guide help make the program successful in any setting. The combination of a video presentation and a written guide make this program convenient to market and to share among those implementing the program. This program is unique from other sports programs for children with disabilities in that it integrates typically developing peers as well. The physical therapy expertise in the development of the program is a unique benefit of this program. Through the implementation of this program we expect to see positive physical, emotional, and social outcomes in participants of all abilities.

Bios:

Lindsay Calcaterra is a Physical Therapy Student and LEND Trainee who attained her Bachelor's of Applied Exercise Science in 2010 from the University of New England located in Portland, ME. She is currently entering her final year of the Doctorate of Physical Therapy Program at UNE. During her undergraduate career, she performed her first clinical internship at Wiggle Worms Physical Therapy in York, ME, which is a pediatric outpatient and school-based clinic. This is where she developed her passion to work with children with developmental disabilities. Lindsay spent three months in Detroit, Michigan where she did a clinical rotation at the Children's Hospital of Michigan, working in the inpatient rehabilitation and acute care services. Through these experiences, she has become empowered to advocate on behalf of children with disabilities, and their families, in order for them to access optimal care. Lindsay's goal is to establish a physical therapy career in pediatrics with an emphasis on providing family centered care and exceptional interprofessional collaboration, along with keeping an active role in advocating in the Maine community to provide the highest standard of health care services.

Kaela Fischer is a Doctor of Physical Therapy Student at the University of New England in Portland, ME and a Maine LEND trainee. She is from Colorado and has a Bachelors of Science in Kinesiology and Health Promotion with a minor in Psychology from the University of Wyoming. Her passion for pediatrics began when she volunteered and later worked for an early intervention day treatment program for children with complex medical needs. This experience opened her eyes to the amazing world of children with varying levels of disability and their great passion for life. They inspired her to learn more about how physical therapy can help them reach their full potential. She is very excited to be part of a program that will bring an integrated sports program to these children in Maine. Her career goals are to work in the field of pediatrics and teach other health care professionals about the importance of working as a interprofessional healthcare team to provide the highest standard of care to children.

Kelley Flahaven is a Doctor of Physical Therapy Student at the University of New England in Portland, ME. She hails from the upper midwest, where she spent time working with people of all ability levels as a direct support professional at a group home and a physical therapy aide at an inpatient rehabilitation hospital. In the past she has enjoyed volunteering with United Way and Hope, Inc, an organization that provides recreational activities for children with mobility challenges. Kelley looks forward to creating opportunities that aim to improve social and physical wellness among children in Maine. She has an interest in working with people with neurological disabilities.

Maria Stern is a Doctor of Physical Therapy Student at the University of New England in Portland, ME. She is from northern New England and enjoys all the outdoor activities this region has to offer. Maria has an interest in orthopedic injuries and sports medicine. She enjoyed playing sports from the rec to collegiate level and is excited to be part of a program that will bring the life-lessons sports taught her to the youth of Maine.

Christina Tilton is a Doctor of Physical Therapy Student at the University of New England in Portland, ME. She has been involved in sports most of her early scholastic career and has had opportunities to volunteer in several pediatric settings including day care, rehabilitation, and schools. She has a liberal arts background which lends to her ability to use evidence based practice when considering creative and practical rehabilitation solutions when conventional methods are not sufficient. Christina has an interest in amputee rehabilitation, wound care, and sports medicine.

Megan Witherow Quarles is in her final year of the Doctor of Physical Therapy program at the University of New England and is a Maine LEND trainee. She earned her Bachelor of Science in Health and Physical Education from Kennesaw State University in 2011. She is a certified health and physical education and special education teacher for grades K -12. Prior to beginning the doctoral program, Megan was a special education teacher and head cheerleading coach at Highlands Intermediate School in Pearl City, Hawaii. She promoted community health and wellness as a healthy lifestyles coach and youth sports coach at local YMCAs in Hawaii. Currently, she is a home health assistant for older adults with neurological disorders and an employee of the Finley Recreation Center at the University of New England. She has a strong belief in the integration of all individuals, regardless of disability, into all community and school activities. Megan's goal is to help children with disabilities fully access their education through establishing a career as a school based physical therapist.

Appendix:

Letter template for participants to use to solicit financial sponsorship to participate:

Date
Name
Organization
Street
City, State ZIP

Dear Name,

“E for Everyone” is an inclusive sports program for children in grades 4-8 with and without neurodevelopmental disabilities. This program meets [day of week] at [place]. This program promotes physical activity and social relationships between participants regardless of ability. I am looking for a sponsor who can sponsor my participation in this activity. I would be very grateful if your organization could contribute [\$ amount] for my participation fee.

Thank you in advance for this or any other contribution you can make to promote my physical and social health!

Sincerely,
[Name]

Adapted from <https://www.qgiv.com/blog/fundraising-letter-templates/>

Surveys:

Below are the survey questions presented to a local pediatric physical therapy group, along with a summary of the responses.

Does there seem to be a need for a program like this in the community you work in? Yes (x9)

Where do you work?

Hospital and school based programs, early intervention in South Berwick, Monarch School, Augusta, Cumberland, North Yarmouth, Portland, South Portland, Sabattus, Litchfield, Wales

Do you think there is a want for a program like this?

5 “yes,” 4 “yes, at least for families of kids with disabilities”

Do you know of any integrated sports programs in the area? If yes, where?

Challenger League Baseball (little League baseball for kids with disabilities ages 4-18), sensory gyms, Special Olympics, adaptive swimming programs, high school integrated basketball, “possible rec programs for younger kids”... *Nothing integrated.*

What age group do you believe would benefit the most from this program?

Majority stated 5-18, middle school into adulthood; a couple mentioned elementary “as soon as possible to promote fitness throughout life”

“The earlier you start the more culturally accepted it will become.”

What sports do you believe would be the most beneficial?

lifelong sports such as swimming, “anything that will provide fitness in an enjoyable way with peers,” Special Olympics, Track and Field training, “any common sport, really - one

that's bigger in the community," "there's a lack of fun competitive sports," funded adaptive road races, softball/baseball, soccer, gymnastics (Gymnation in Kennebunk), basketball

Who do you believe we could contact to implement this program: Schools? Youth Recreation?

Community programs, rec department, YMCA, schools, Let's Move, Youth Leagues (PaySA), soccer clubs

Does your facility have wellness programs in place after discharge from Physical Therapy? If so, what kind?

"no - refer to local swim, gyms, adaptive sports/ski"

"no" - x 5

"we help guide students into leisure and recreation opportunities in the community"

"MOG (Mainely Kidz)"

Ideas, Advice, or Concerns:

"Check out Abilities Expo"

"Really feel there is a need. It has been tried years ago but not successful. The word was not able to get out to communities in the area so there was not enough kiddos to continue to program."

"Lite Gait, POOL, climbing wall with lift system"

"\$"

"playgrounds that are accessible, Tool Kit for fundraising"

“Children in middle school and older elementary are really looking to be like other kids and play the sports other kids play.”

Definitions:

- Children: For the purposes of this document, this refers to children between grades 4-8.
- Neurodevelopmental Disabilities: The American Psychiatric Association defines neurodevelopmental disabilities as a “group of conditions with onset in the developmental period. The disorders typically manifest early in development, often before the child enters grade school, and are characterized by developmental deficits that produce impairments of personal, social, academic, or occupational functioning.”
 - Caveat: within this document when we refer to children with neurodevelopmental disabilities and their typically developing peers we are also including those children with all types of disabilities, whether neurodevelopmental, orthopedic, or otherwise. Our program aims to provide activities for children of all ability and mobility levels.
- Parents: For the purposes of this document, the term parents refers to primary caretakers of participating children and includes foster parents, grandparents, and caregivers with respect to each child’s family situation.

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